

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000050431

FILED
Dec 15, 2008
Secretary of State

Entity Name: TRIPLE EAGLE EXPERIENCES, INC.

Current Principal Place of Business:

510 S GRANDVIEW ST
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 1608
MT. DORA, FL 32756

New Mailing Address:

FEI Number: 65-0680553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DORMINEY, WAYNE
1508 MONTCALM ST
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WAYNE DORMINEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, J. KEVIN
Address: 510 S GRANDVIEW ST
City-St-Zip: MT DORA, FL 32757

Title: VP,S () Delete
Name: DORMINEY, WAYNE
Address: 1508 MONTCALM ST
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: LEE, CRAIG
Address: 426 N CLARA AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE DORMINEY

Electronic Signature of Signing Officer or Director

VP

12/15/2008

Date